

RECORDING REQUESTED BY	85534
AND WHEN RECORDED MAIL TO	
Name Sylvia H. Russell Street 11836 3rd Street Address City & State Yucaipa, California 92399	

(SPACE ABOVE THIS LINE FOR RECORDER'S USE)

AFFIDAVIT—DEATH OF JOINT TENANT

STATE OF ~~CALIFORNIA~~ NEVADA,
County of Eureka }
Sylvia H. Russell
That Charles Seaman Russell, of legal age, being duly sworn, deposes and says:
the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Charles S. Russell
named as one of the parties in that certain Grand Deed dated March 23, 1981
executed by Charles S. Russell and Benjamin P. Russell
to Charles S. Russell and Sylvia H. Russell, Husband and Wife
as joint tenants, recorded as Instrument No. 80077 on April 6, 1981, in
Book 93, Page 590, of Official Records of Eureka County, Nevada
~~CALIFORNIA~~ covering the following described property situated in the
County of Eureka, State of ~~CALIFORNIA~~ Nevada:

The East half of the North half of the North half of the South half of
Section 31, Township 29, Range 52 East, M.D.B. & M.
Excepting therefrom all mineral rights.
Reserving unto grantors a non-exclusive easement from ingress & egress
over the Southerly 12 feet of the herein above described property.

That the value of all real and personal property owned by said decedent at date of death, including the full value of
the property above described, did not then exceed the sum of \$ 870.00

Dated 10-5-82 Sylvia H. Russell

VERIFICATION

I, the undersigned, say: I am the Surviving Tenant the Declarant of the foregoing
(Surviving Tenant or Agent)
Affidavit; I have read the foregoing and know the contents thereof; the same is true of my own knowledge.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 5, 19 82, at Yucaipa, California.
(Date of signature) (City where signed)

Sylvia H. Russell
(Personal signature of the individual who is swearing that the contents of the Affidavit are true.)

(Individual)

STATE OF CALIFORNIA
COUNTY OF San Bernardino } SS.

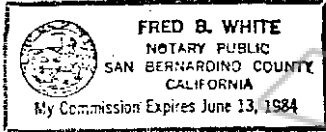
On OCTOBER 5, 1982 before me, the undersigned, a Notary Public in and for said State, personally appeared Sylvia H. Russell

to be the person XX whose name is subscribed to the within instrument and acknowledged that she executed the same.

WITNESS my hand and official seal

Signature Fred B. White
Fred B. White

Name (Typed or Printed)



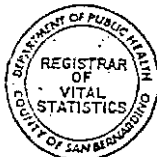
CERTIFICATE OF DEATH 3600
STATE OF CALIFORNIA

STATE FILE NUMBER				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
1A. NAME OF DECEDENT—FIRST <u>Charles</u>		1B. MIDDLE <u>Seaman</u>		1C. LAST <u>Russell</u>		2A. DATE OF DEATH (month, day, year) <u>January 17, 1982</u>	
3. SEX <u>Male</u>		4. RACE <u>White</u>		5. ETHNICITY		6. DATE OF BIRTH <u>January 7, 1904</u>	
7. AGE <u>78</u> years		8. PLACE OF BIRTH <u>Scotland</u>		9. NAME AND BIRTHPLACE OF FATHER <u>Benjamin Russell - Scotland</u>		10. NAME AND BIRTHPLACE OF MOTHER <u>Elizabeth Seaman - Scotland</u>	
11. CITIZEN OF WHAT COUNTRY <u>USA</u>		12. SOCIAL SECURITY NUMBER		13. MARITAL STATUS <u>Married</u>		14. NAME OF SURVIVING SPOUSE (if wife, enter with name) <u>Sylvia Yanneke</u>	
15. PRIMARY OCCUPATION <u>Die Setter Foreman</u>		16. HIGHEST OF YEARS (Last Occupation) <u>Adult Life</u>		17. EMPLOYED (if self-employed, so stated) <u>Cutler - Hammer</u>		18. KIND OF BUSINESS OR BUSINESS <u>Punch Press</u>	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) <u>11836 3rd St</u>				19B. CITY OR TOWN <u>Yucaipa</u>		19C. COUNTY <u>San Bernardino</u>	
20A. PLACE OF DEATH <u>San Bernardino Co Medical Center</u>				20B. CITY OR TOWN <u>San Bernardino</u>		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP <u>Sylvia Russell - wife</u> <u>11836 3rd St.</u> <u>Yucaipa, Ca. 92399</u>	
21A. STREET ADDRESS (STREET AND NUMBER OR LOCATION) <u>780 East Gilbert Street</u>				21B. CITY OR TOWN <u>San Bernardino</u>		21C. COUNTY <u>San Bernardino</u>	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) <u>Massive acute bronchopneumonia</u> (B) <u>Debility</u> (C) <u>Invasive carcinoma of right ear canal</u>				23. DEATH CONDITION CONTINUED BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH <u>None</u>		24. WAS DEATH REPORTED TO CORONER? <u>Yes</u>	
25. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>Days</u>				26. WAS DEATH REPORTED TO CORONER? <u>Yes</u>		27. WAS DEATH REPORTED TO CORONER? <u>No</u>	
28. WAS DEATH REPORTED TO CORONER? <u>Yes</u>				29. WAS DEATH REPORTED TO CORONER? <u>Yes</u>		30. WAS DEATH REPORTED TO CORONER? <u>Yes</u>	
23. DEATH CONDITION CONTINUED BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH <u>None</u>				27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? <u>None</u>		28. PHYSICIAN'S LICENSE NUMBER <u>118/82 229326</u>	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED FROM THE CORONER'S STATEMENT. <u>1-14-82</u>				28B. PHYSICIAN'S NAME AND ADDRESS <u>Allan C Kavaliich, M D</u> <u>780 East Gilbert Street, San Bernardino, California</u>		28C. DATE AND PLACE OF DEATH <u>1-17-82</u>	
29. SPECIFY ACCIDENT, INJURY, ETC.				30. PLACE OF INJURY		31. INJURY AT HOME	
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)				33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		34. DATE AND TIME OF INJURY (month, day, year)	
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOME, DATE AND PLACE STATED FROM THE CORONER'S STATEMENT, AS REQUIRED BY LAW (WHERE APPLICABLE).				35B. CORONER'S SIGNATURE AND DEGREE OR TITLE		35C. DATE SIGNED	
36. BURIAL				37. DATE—MONTH, DAY, YEAR <u>1-19-82</u>		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY <u>Evergreen Crematory - Riverside</u>	
39. TREATMENT'S LICENSE NUMBER AND SIGNATURE <u>Not Embalmed</u>				40. NAME OF FUNERAL DIRECTOR (IF PERSON ACTING AS SUCH) <u>Neptune Society - Riverside</u>		41. LOCAL REGISTRATION DISTRICT <u>1307</u>	
42. DATE ACCEPTED BY LOCAL REGISTRAR <u>JAN 18 1982</u>				43. LOCAL REGISTRAR'S SIGNATURE <u>John S. Mahoney</u>		44. STATE REGISTRAR'S SIGNATURE <u>A 6-1-22</u>	

This must be in red to be a "CERTIFIED COPY"

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE ON FILE IN THE SAN BERNARDINO COUNTY HEALTH DEPARTMENT, IF THE WORDS CERTIFIED COPY ARE IN RED.

John S. Mahoney
LOUIS E. MAHONEY, M.D., M.P.H.
DIRECTOR OF PUBLIC HEALTH



RECORDED AT REQUEST OF
Sylvia H. Russell
BOOK 106 PAGE 20

82 OCT 12 P 3: 03

OFFICIAL RECORDS
SANTA ANA COUNTY, CALIFORNIA
WILLIS A. BEPACOLI, RECORDER
P.O. BOX 85534
FEE \$5.00

BOOK 106 PAGE 21